

**NOTIFICATION OF VOCATIONAL SERVICES
by Private Rehabilitation Specialist**

**Department of Workforce Development
Worker's Compensation Division**
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707
Telephone: (608) 266-1340
Fax: (608) 267-0394
<https://dwd.wisconsin.gov/wc>
e-mail: DWDDWC@dwd.wisconsin.gov

Return completed copy: One to insurance company (or self-insured employer) and one copy to Worker's Compensation Division.

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

EMPLOYEE	WC Claim Number		Employee Name		
	Social Security Number*		Employee Address (Number, Street, City, State, Zip Code)		
	Injury Date		Date of Birth	Telephone Number ()	
	Employer Name				
	Diagnosed Disability/Injury				
	Employee's Work Restrictions/Limitations				
INSURER	Insurance Company				
	Mailing Address (Number, Street, City, State, Zip Code)				
	Claim Representative		Telephone Number ()		
VOCATIONAL REHABILITATION SPECIALIST	Name (Please print)				
	WCD Certification Number		Telephone Number ()		
	Agency Name				
	Mailing Address (Number, Street, City, State, Zip Code)				
Check Services Planned: <input type="checkbox"/> Vocational Evaluation <input type="checkbox"/> Job Placement <input type="checkbox"/> Retraining Plan Development <input type="checkbox"/> Other (Describe): _____					
This is notification that I have been selected by the above-named individual to provide necessary vocational rehabilitation services to help that individual return to work.					
Vocational Rehabilitation Specialist Signature			Date Case Opened		